Health Impact Assessment SPD

Consultation Draft

Harlow Local Development Plan

Harlow Council

Working together for Harlow

Health Impact Assessment (HIA) Supplementary Planning Document (SPD)

1 Introduction

1.1 Background and Purpose

1.1.1 This Supplementary Planning Document (SPD) has been produced to help maximise the health benefits of a development and minimise the potential harms, while maintaining a focus on reducing inequalities. It is aimed at individuals and organisations involved in submitting a planning application as well as those involved in the determination and enforcement of planning applications.

1.1.2 The SPD aims to provide further guidance in respect of Harlow Local Development Plan (HLDP)[1] Policy L4, Health and Wellbeing (Figure 1) which supports the use of Health Impact Assessments (HIA) for certain types of developments. The SPD will be a material consideration in the determination of planning applications and will also inform pre-application discussions on relevant developments. Major developments that are not required to produce an HIA will need to complete the HGGT Sustainability Guidance & Checklist[2] early in the planning process.

L4 Health and Wellbeing

The Council will seek to deliver development and growth which has a positive impact on the health and wellbeing of residents, and address issues of health deprivation and health inequality in the district in accordance with the objectives of the Harlow Health and Wellbeing Strategy and in response to the various Evidence Base sources.

When promoting development, applicants should consider the impact on the health and wellbeing of new and existing residents, having regard to the following principles:

(a) infrastructure required to encourage physical exercise, including sport and recreation facilities, walking, and cycling and bridleway routes;
(b) the provision of accessible open space, Green Infrastructure and landscaping;
(c) the provision of new or enhanced healthcare facilities, working with the relevant health authorities;
(d) the location and links between community facilities, homes, education and employment opportunities and sustainable travel options;
(e) the provision of opportunities to grow food and avoiding unhealthy eating options; and
(f) good quality design, having regard to the Essex Design Guide, which incorporates active design principles.

Applicants may be required to prepare a Health Impact Assessment to determine the extent of potential health impacts from development proposals and set out appropriate mitigation measures.

Figure 1: HLDP Policy L4 Health and Wellbeing

[1] https://www.harlow.gov.uk/sites/default/files/documents/Harlow%20Local%20Development%20Plan.pdf
[2] https://hggt.co.uk/wp-content/uploads/2021/10/HGGT-Sustainability-Guidance-and-Checklist-Mar-2021.pdf

1.1.3 Health is defined by the World Health Organisation (WHO) as '*a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.* Wellbeing is defined by WHO as '*a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions'.* The determinants of health are the focus of an HIA and are the social, economic, environmental and cultural factors that indirectly influence health and wellbeing. They were first described in 1993 by Dahlgren and Whitehead and later expanded upon by Barton and Grant in 2006 who further described the impact that communities, neighbourhoods and the environment in which we live has on health and wellbeing (Figure 2). In 2010, The Marmot Review was published which reviewed how the wider social determinants of health impact upon people and has been a fundamental paper that highlights the negative impacts that place can have on the population.

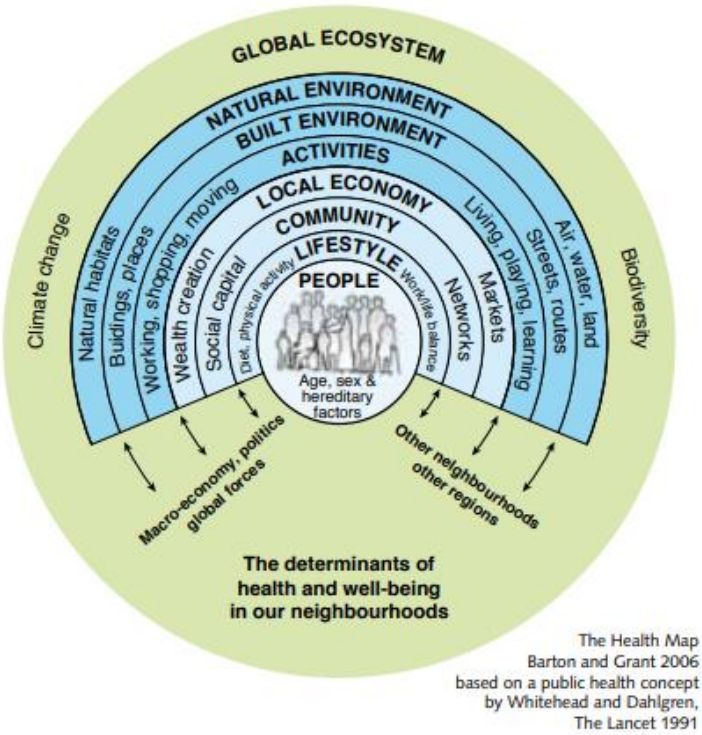

Figure 2: Determinants of health

1.1.4 Differences in health across the population and between different groups within society, referred to as health inequalities, are not caused by one single issue, but a complex mix of factors reflecting the differing social, environmental and economic conditions of local communities.

2 Policy Context

2.1 National Policy

2.1.1 The National Planning Policy Framework 2021 (NPPF) sets out the Government's planning policies for England and how these should be applied. It provides a framework within which locally-prepared plans for housing and other development can be produced.

2.1.2 Chapter 2 of the NPPF, 'Achieving sustainable development', sets out a social objective which states 'to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being' (paragraph 8(b)).

2.1.3 Chapter 8 of the NPPF, 'Promoting healthy and safe communities', requires planning policies and decisions to aim to achieve healthy, inclusive and safe places which promote social interaction, are safe and accessible and enable and support healthy lifestyles (paragraph 92). It also requires planning policies and decisions to provide the social, recreational and cultural facilities and services the community needs by taking into account and supporting the delivery of local strategies to improve health, social and cultural well-being for all sections of the community (paragraph 93). In addition, it states that access to a network of high-quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities, and can deliver wider benefits for nature and support efforts to address climate change (paragraph 98).

2.1.4 The National Planning Practice Guidance (NPPG) adds further context to the NPPF and it is intended that the two documents should be read together. Local Authorities must have regard to national policies when developing Local Plans. The guidance is also a material consideration when making decisions on planning applications.

2.1.5 The NPPG includes guidance on how Local Authorities should ensure that health and wellbeing and health infrastructure are considered in local and neighbourhood plans and in decision making as well as recognising the role that new developments can have on health.

2.1.6 The NPPG describes a healthy place as one which supports and promotes healthy behaviours and environments, and one which reduces health inequalities. The NPPG regards Health Impact Assessments as a useful tool to use where there are expected to be significant impacts.

2.2 Local Policy

2.2.1 The Harlow Local Development Plan (HLDP), which was adopted in December 2020, sets out the long-term planning vision for the district and guides future development across Harlow to 2033. The HLDP notes that it may be necessary to provide future clarity and guidance through the preparation of SPDs.

2.2.2 Policy L4, Health and Wellbeing (Figure 1), states 'applicants may be required to prepare a Health Impact Assessment to determine the extent of potential health impacts from development proposals and set out appropriate mitigation measures'. The Policy does not state which sized developments will be expected to submit an HIA. This, however, is set out in the Council's Validation Checklist[3] and for the purpose of the SPD the following developments require an HIA to be submitted as part of the planning application:

- 50 or more dwellings;
- 999m2 or more (any use class); or
- C2 use class

2.2.3 The Validation Checklist also requires applicants to refer to the Essex wide HIA guidance to assist in the preparation of HIAs. The HIA Checklist set out in Appendix A of this SPD has been adapted from the Essex wide HIA guidance to reflect the local context of Harlow and should be used when submitting a planning application that covers the above criteria.

2.3 Green Infrastructure and Public Open Space Standards SPD

2.3.1 The Green Infrastructure and Public Open Space Standards SPD was adopted March 2022 and replaced the 2007 Open Spaces, Sport and Recreation SPD. The objectives of the SPD include the implementation of the HLDP policies relating to open spaces, recreation, green and blue infrastructure and biodiversity as well as ensuring that biodiversity levels are improved in the town through Biodiversity Net Gain. This document is important in delivering healthy neighbourhoods as it ensures that development provides the right levels of open space and play provision and delivers green infrastructure or links to green infrastructure. This will support more active lifestyles, improving health and wellbeing across Harlow.

2.4 Harlow Health and Wellbeing Strategy

2.4.1 The aim of the Harlow Health and Wellbeing Strategy 2023-2028 is to achieve the vision 'we want Harlow to be a place where residents from all backgrounds and abilities can lead long, healthy, independent, happy and safe lives'. The Strategy has been developed using the Essex Joint Strategic Needs Assessment (JSNA) and other relevant data as well as reviewing the Essex Joint Health and Wellbeing Strategy, adopting the same priorities and outcomes as the Essex Strategy with amendments to fully reflect the local context of Harlow. An Action Plan has been produced focusing on the identified needs, whilst also being flexible enough to pivot and meet changing demand and emerging trends.

2.4.2 The Strategy identified five Health and Wellbeing priorities for Harlow:

- Reducing health inequalities in Harlow by focusing on the wider determinants of health
- Increasing physical activity and improving healthy weight

- Improving mental health and wellbeing, including reducing suicide rates
- Addiction issues, including reduction of alcohol and substance misuse
- Supporting long term independence for all sections of Harlow's community

2.4.3 These priorities can be supported by the Planning Team and new development proposals through the layout and design of spaces and buildings, through the provision of infrastructure and by ensuring development is sustainably located.

2.5 Harlow Economic Development Strategy

2.5.1 The aim of the Harlow Economic Development Strategy 2023-2028 is to address both the current position of the Harlow economy ensuring activity responds to short term needs as well as ensuring the foundations are laid for further long-term development. There is a need to deliver a significant number of jobs across Harlow and the wider Harlow and Gilston Garden Town (HGGT). To support this, a number of opportunities have been identified to support economic growth, including the relocation of the UK Health Security Agency to Harlow and the replacement of the Princess Alexandra Hospital.

2.5.2 The Strategy identified five priorities for Harlow:

- Attracting and accommodating jobs
- Ensuring residents have access to employment opportunities
- Supporting thriving and resilient SMEs
- Community wealth building
- Driving productivity and higher value

2.5.3 Some of these priorities can be supported through the discharge of the Councils planning responsibilities by ensuring the delivery of new employment land, supporting the retention of existing employment areas, as well as securing sustainable access to employment areas.

2.6 Harlow Community Safety Strategy

2.6.1 The aim of the Harlow Community Safety Strategy is to reduce and prevent crime and disorder and improve the lives of all local people. The strategy is driven by three overarching objectives which will build and strengthen the work the council undertakes through strengthening engagement with residents, implementing a renewed and more proactive approach to community safety and adopting a zero-tolerance approach to crime and antisocial behaviour.

2.6.2 For Harlow the Strategy sets out sixpriorities to address:

- Antisocial behaviour and crime
- Domestic abuse
- Gangs and county lines
- Hate crime
- Permitted development housing
- Protecting vulnerable people

2.6.3 Planning policies can ensure that new development proposals considers these matters in the layout and design of spaces and buildings in order to reduce opportunities for crime, and minimise the fear of crime.

2.7 Harlow Design Guide SPD and Addendum

2.7.1 The Harlow Design Guide SPD was adopted in 2011 and the Harlow Design Guide Addendum SPD was adopted in 2021. These documents provide general design guidance for informing site specific policy and planning applications.

2.7.2 The Harlow Design Guide Addendum SPD contains additional design guidance on tall buildings, privacy and overlooking, amenity space and gardens and climate change which have addresses recently updated national planning policy and guidance.

2.8 Essex County Council Design Guide

2.8.1 The Essex County Council Design Guide was originally published in 1973 to pioneer local design, creating space for innovation and encouraging high-quality development. In 2018, the Design Guide was digitally revamped and now receives ongoing updates to ensure the content remains contemporary and effectively responds to the challenges and opportunities for Essex. The update included new integrated social-economic themes, new highway standards, references to SuDS and new case studies. As set out in Policy PL1 of the HLDP, the chapters which refer to access and services are specifically a material consideration in the determination of planning applications in Harlow.

2.8.2 Health and Wellbeing is an overarching theme in the Design Guide and was established to 'recognise how the positive characteristics and qualities of an environment can help people to achieve and experience better quality lifestyles.' Active Design is another overarching theme which is about 'designing and adapting where we live to encourage activity in our everyday lives'. Within the Design Guide there is a section on Health Impact Assessments which explains the process and method and goes into detail on the areas covered in the Healthy Places guidance. This has informed the preparation of this SPD.

2.9 Harlow and Gilston Garden Town

2.9.1 Harlow forms part of the Harlow and Gilston Garden Town (HGGT), which comprises new and existing communities in and around Harlow. The partnership authorities of Harlow, East Hertfordshire and Epping Forest District Councils and Hertfordshire and Essex County Councils are working together to deliver the vision for HGGT.

2.9.2 The HGGT Vision helps support the delivery of the locally-led Garden Town. The principles which will inform the Garden Town's growth and management are centred on four areas; Economy and Regeneration, Placemaking and Homes, Sustainable Movement and Landscapes and Green Infrastructure. The Vision was endorsed by Harlow Council as a material consideration.

2.9.3 The HGGT Design Guide supports the HGGT Vision and sets out the expectations and aspirations for the delivery of high quality and sustainable developments in the Garden Town. The Design Guide was endorsed by Harlow Council as a material consideration. The HGGT has also developed a Sustainability Guidance and Checklist. The guidance provides practical and technical guidance on how to apply sustainability indictors and policies into new major developments in the Garden Town.

2.9.4 The HGGT Transport Strategy helps to deliver the HGGT Vision and principles through identifying measures to reduce the need for travel. The strategy contains the modal shift target that 50% of all journeys across Harlow will be made by active and sustainable modes and this target rises to 60% of all journeys within the new communities. This will be achieved by applying principles on user hierarchy, which reduces unnecessary travel first, followed by walking and cycling, public transport and then private vehicles, as well as principles on the culture of active and sustainable travel and accessibility and inclusion. The strategy's actions are enabling choice, streets for people, quality public transport, a network that works and maximising opportunities.

2.9.5 Supporting documents to support growth, delivery, sustainability and long-term stewardship across HGGT include the 'How To' Guide for Planning Obligations, Land Value Capture and Development Viability as well as the Infrastructure Delivery Plan (IDP).

3 Local Health Context

3.1 Demographics

3.1.1 In 2021, Harlow had a total population of 93,300. This represents an increase of 13.9% since 2011, a far higher increase than the average across the whole of England of 6.6%. An increasing population translates into increased demand for new and/or improved housing and for supporting health assets, infrastructure and services.

3.1.2 The population of Harlow under 15 years old is 21%, between 15 to 64 years old is 65% and those 65 years or over comprises 14%. Overall life expectancy for males is 78.6 years for Harlow compared to the national average of 79.4 years and 82.5 years for women in Harlow compared to the national average of 83.8 years. This is the second worst in Essex for both males and females. Life expectancy also varies between the least and most deprived areas within the town (equating to 7.1 years difference for men and 3.5 years for women). Different age groups typically have different health needs.

3.2 Equalities

3.2.1 The Index of Multiple Deprivation (IMD) incorporates seven indices of deprivation: income employment; health deprivation and disability; education skills and training; crime; barriers to housing and services; and living environment. This is done at Lower-layer Super Output Area (LSOA) level, each being ranked from most deprived to least deprived and dividing them into 10 equal groups. Those in decile 1 fall within the most deprived 10% of LSOAs nationally and LSOAs in decile 10 fall within the least deprived 10% of LSOAs nationally. Just over three quarters of LSOAs in Harlow are within decile 1-5. These areas must be supported by improving access to employment, skills and training, access to local health assets, the layout and design of development to 'design out crime' and provision of housing to meet need.

3.3 Health Behaviour

3.3.1 Harlow has the 2nd highest percentage in Essex of children who are overweight/obese at reception age and the highest percentage of children overweight/obese in year 6. Harlow has the 2nd lowest proportion of adults who are physically active in Essex at 61%.

3.3.2 Harlow has the 2nd highest rate of alcohol related mortality in Essex at 39 and had a 4.8 rate of drugs related deaths in 2020 compared to Essex average of 3.5.

3.4 Socio-economic Factors

3.4.1 Harlow has the 2nd lowest percentage in Essex of pupils passing English and maths GCSE at 52.9% compared to the Essex average of 64%.

3.4.2 Harlow has the lowest earnings by place of residence in Essex at £529 median gross weekly pay compared to the Essex average of £635. Harlow has the 3rd lowest rate in Essex of economically active adults at 77.9% compared to the Essex average of 81.2%.

3.4.3 Harlow has the highest rate in Essex of reported crime at 117 crimes per 100,000 population.

3.5 Built Environment

3.5.1 Harlow has the highest proportion in Essex of households living in overcrowding conditions of 10%. Harlow has a 9.09 ratio of median house price to median gross annual workplace-based earnings in 2020 compared to the Essex average of 10.16 and saw an 80.91% change in the median house price between 2010 to 2020.

3.5.2 On a positive note, Harlow has a Green Infrastructure level of 46.4% which is the 2nd highest in Essex. There is therefore significant opportunity to utilise this space to support healthy and active lifestyles.

3.6 Clinical Care

3.6.1 The services in Harlow that have been reviewed by the Care Quality Commission and require improvements are the maternity services & urgent and emergency services at Princess Alexandra Hospital and the Lister Medical Centre.

3.6.2 Harlow has the 2nd lowest in Essex average happiness score at 7.3 compared to the Essex average of 7.5. The suicide rate in Harlow is 16.3 compared to the Essex average of 12.6.

3.7 Health Context Summary

3.7.1 Harlow has significant health related issues in comparison to Essex and our neighbouring authorities, however, opportunities through our green spaces, health care provision and developments can support this. Policies in the HLDP do aim to address these health inequalities, however, an HIA will help identify the positive and negative health effects that may result from the development and ways in which to enhance the benefits or mitigate the impact to health. Therefore, there is an important requirement to submit HIAs alongside planning applications.

4 Health Impact Assessment

4.1 What is a Health Impact Assessment

4.1.1 WHO defines an HIA as '*a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population*'. An HIA helps decision-makers in local authorities and other stakeholders make choices about actions to best prevent ill-health, promote good health and reduce health inequalities.

4.2 Breakdown of HIA Procedure

Stage 1: Screening

4.2.1 The screening stage considers whether or not there is a need to carry out an HIA for a planning application. The Council's Validation Checklist sets out the threshold for proposed developments that will require an HIA to be prepared. The HIA should be undertaken at the beginning of the masterplanning process prior to an application being submitted, although, it can be an iterative process. Those that are required to submit an HIA as part of a planning application are able to discuss the HIA during the pre-application stage with the Development Management Team in liaison with the ECC Public Health Team.

Stage 2: Scoping

4.2.2 The next stage in the HIA process allows decisions to be made around what the aims of the HIA are, the details of the processes that need to be undertaken to complete it and levels of information required. This may include looking at which specific elements need to be examined or which groups you need to consider. Engagement with relevant parties on what needs to be considered as part of the assessment should be sought. Signposting to evidence sources that underpin the HIA can also be provided including relevant strategies and policies. It also provides an opportunity to scope out parts of the HIA that may not be applicable. For larger proposals it may be appropriate for this exercise to be incorporated into a literature review which supports the HIA submission.

4.2.3 The HIA Checklist set out in Appendix A must be completed as early in the planning process as viable to inform discussions at the pre-application stage. This will enable feedback to be provided to identify any potential issues at an early stage and outline the scope of the final HIA report that will be submitted with the planning application. If this work is not carried out at an early stage, this could cause delays in assessing and determining planning applications, or potentially lead to objections being raised which could result in the refusal of planning permission. Although certain types of development will not be required to submit an HIA as per the Council's Validation Checklist, it is good practise to undertake a screening of any proposal to understand if there will be any impacts. Depending on the level of health impacts that have been identified, the HIA Checklist may form the basis of the assessment and report itself.

Stage 3: Assessing

4.2.4 At this stage, an assessment by the developer is made as to the positive benefits of the proposal and allows the identification of any unintended consequences that may arise, and should relate directly back to the completed HIA Checklist and advice received during pre-application engagement. The identification of the impact on specific population groups should be included. At the end of this stage there will be a list of the potential health impacts, both positive and negative, that the development might have on different populations of the existing community, new community and visitors to the area.

Stage 4: Recommendations

4.2.5 The HIA should include a list of recommendations and should relate back to the aims of the HIA from the scoping assessment. This will include how to maximise the potential benefits as well as minimising unintended consequences that have been identified.

4.2.6 The final HIA report must be submitted with the planning application to the Council.

Stage 5: Monitoring and Evaluating

4.2.7 The final stage of the HIA is an ongoing process.

4.2.8 The evaluation will look at the extent to which the HIA has influenced the decision-making process. The monitoring of the HIA provides an opportunity to assess whether the recommendations were implemented or not. If they were not implement, the proposal should be reviewed to consider how plans might further be adapted.

Appendix A HIA Checklist

4.2.9 The following checklist has been adapted from the Essex Health and Sport England Active Design principles Integrated Impact Assessment Checklist which was adapted from the London HUDU Rapid Health Impact Assessment tool 3rd edition and the WHIASU Health Impact Assessment tool. It was designed to align with and help enable implementation of the Essex Livewell Development Accreditation system established to demonstrate how developments have been planned carefully to place promotion of health and wellbeing at their core.

4.2.10 For clarity, comments should provide a brief description to support the response / answer to the question. If the question is not applicable to the proposal, please make this clear within the comment section as to why.

4.2.11 Potential impact on health and wellbeing should be assessed as positive, neutral or negative.

4.2.12 The length of effect should be described and if temporary, please provide an estimate of timescale.

4.2.13 Mitigation should be included where applicable; if unsure of actions, please state.

4.2.14 Sport England's Active design criteria can be found here. The active design principle/s that the question responds to are detailed in the questions below in brackets.

Name of assessor	
Date	
Proposal name and location	
Planning application reference	
Engagement with health partners? (ECC Public Health team, NHS estates team, local authority social care team, CCG, acute trust etc)- describe who and which stages of application Provide summary of outcomes from engagement, e.g. scheme changes and improvements incorporated	
Will this application be submitted to Essex Quality Review Panel or other quality review panel in the future?	
Will this HIA seek to show the scheme's eligibility for the voluntary Livewell Development Accreditation scheme? If so, please be aware of accreditation criteria on EDG webpages here	

1	Criteria	Yes/No or N/A (e.g N/A if a residential development proposal does not include schools provision those questions on school design etc. will be N/A.	Comment	Impact	Length of Effect	Impacted Groups	Mitigation Proposed
1.1	Is a diverse mix of land uses such as homes, schools, shops, workspace, relevant community facilities and open space provided on site or within a comfortable (800m) walking distance? Is a broader range of land uses						

	available within 5km cycling distance? (ADP2)						
1.2	Does the proposal prioritise pedestrian, cycle and public transport access ahead of the private car? (ADP3)						
1.3	Are the non motorised routes provided, where feasible and appropriate in wider place making terms, shorter and more direct than vehicular routes?[4] (ADP3)						
1.4	Does the proposal promote a legible, integrated, direct, safe and attractive network of walking and cycling routes suitable for all users and that encourages people to use these readily? (ADP3)						
1.5	Have off road routes been designed to enhance the user experience (and comfort). Consider places to stop (and rest or enjoy spaces) at regular intervals; need for shade during heat or shelter during wet weather; the benefit of adding interesting features along the routes						
1.6	Is appropriate provision made to promote access to, and activity by, all users including providing safe route ways for vulnerable pedestrians? (ADP6) Are shared pedestrian and cycle ways clearly demarcated, taking the needs of the vulnerable pedestrian into account? (ADP 1 & 3)						
1.7	Are walkable communities created, providing opportunities to facilitate initiatives such as 'walking buses' to						

[4] This may apply more in designing such routes over a major site area. Other good practice placemaking principles should also be taken into account

	school, and providing the basic pattern of development to support a network of connected walking and cycling routes (ADP 3)?						
1.8	Are the walking and cycling routes provided safe, well lit, overlooked, welcoming, and well maintained, durable and clearly signposted? Do they afford clear sight lines to help avoid blind corners? (ADP3)						
1.9	Are streets and spaces of a high quality, with durable materials, street furniture and signage? (ADP 6)						
1.10	Do pedestrian and other active travel routes consider air quality and traffic exposures that may impact as part of pedestrian safety?						
1.11	Does the development integrate with existing transport infrastructure and services, or enhance or provide new passenger transport services to the site? Has the developer engaged with the LPA on providing sustainable access to facilities and services?						
1.12	Has the developer provided the means to facilitate digital transport infrastructure (e.g. RTPI[5])?						
1.13	Have sustainable travel plan(s) been developed, approved and funded for the construction and operational phases?						

Design of homes and neighbourhoods

[5] Real Time Passenger Information (RTPI)

2	Criteria	yes/no	comment	impact	length of effect	impacted groups	mitigation proposed
2.1	Is there a mix of homes with different tenures distributed throughout the proposal?[6]						
2.2	Are homes both internally and externally designed to be adapted for arising health and wellbeing needs i.e. room adaptation, door widening, space to support mobility equipment? (See 'Livewell' Guidance)						
2.3	Does the development have any specialist housing provision proposed?						
2.4	Have homes been built to a recognised buildings standard or quality mark? Do homes meet Building Regulations part M / has development achieved the voluntary national Home Quality Mark framework/ BREEAM standards to showcase the quality of the homes? Or with Livewell Development Accreditation or BRE quality mark?						
2.5	Is there an appropriate (LP Policy H8) allocation / mix of affordable housing and if so, at what percentage?[7]						
2.6	During which phase/s will those affordable homes be released?						
2.7	Do homes have dedicated / appropriate space to allow for working from home?						
2.8	Do homes meet or exceed the nationally described space standards? Have buildings been designed to provide appropriate amounts of internal space for rooms along with circulation and external space? (ADP8)						

[6] Refer to the LPA's adopted Local Plan policies, plus relevant SPD (if in place for the LPA) and if necessary, the current SHMA / Housing Needs Assessment
[7] Refer to the LPA's adopted Local Plan policies, plus relevant SPD (if in place for the LPA) and if necessary, the current SHMA / Housing Needs Assessment

2.9	Do homes have access to green space on-site i.e. garden, public open space or useable amenity space?						
2.10	Are homes and all external spaces accessible for all users including people with additional needs?						

Provision of / Access to green, blue and open spaces

3	Criteria	yes/no	comment	impact	length of effect	impacted groups	mitigation proposed
3.1	Are new civic and other open spaces and green / blue infrastructure welcoming, safe and accessible to all and of an appropriate scale and design to allow a range of possible functions and to be multifunctional[8] in nature wherever possible? Please explain the approach taken to multifunctionality, describe the functions provided for and how this is delivered (ADP 5, 6) (Also see 'Livewell' guidance)						
3.2	Is there a multitude of seating options provided? Is the seating provided accessible to all? (ADP 7)						
3.3	Do new walking and cycling routes integrate with the existing open space and green infrastructure network of the area? (ADP3)						
3.4	Do the proposed open space and sport / recreation facilities link to existing networks and walking and cycling routes (including those beyond the site) plus wider GI networks,						

[8] See Essex Green Infrastructure Standards and Principles

	residential areas and employment / commercial areas? (ADP3 & 5)						
3.5	Are the sports and recreation facilities (including green / blue infrastructure) appropriately designed and located in relation to neighbouring uses? (ADP5)						
3.6	Are the sports, physical activity spaces and recreation facilities being provided designed in accordance with best practice guidance or recognised design standard? (ADP5)						
3.7	Are informal facilities for physical activity provided, such as natural play, Greenline routes or nature trails? (ADP3)						
3.8	Will the development retain, add to and / or enhance green and / or blue infrastructure to support healthy living, physical activity and for nature?						
3.9	Have issues such as the servicing of green spaces, grass pitches, the impact of noise, floodlighting or vehicular access been considered? (ADP 9)						
3.10	If open space has been lost, what compensatory measures have been made?						
3.11	Has the approach to GI and blue infrastructure provision been shaped by the Essex GI Standards and Principles?[9] If not, adherence to Natural England's own GI Standards for England is considered an appropriate alternative						
3.12	Are new GI and play / recreation facilities planned to be easily						

[9] See Essex GI Standards and Principles on EDG webpages

	accessible (in walking distance) to the new homes provided?[10]						

Supporting communities and neighbourhoods for the life-course (mainly for public realm)

4	Criteria	yes/no	comment	impact	length of effect	impacted groups	mitigation proposed
4.1	Are large, single purpose uniform land uses avoided as an overall approach? If not, will such spaces be flexible to adapt as may prove necessary? (ADP2)						
4.2	Is a range and mix of recreation, sports and play facilities and open spaces provided to encourage physical activity across all neighbourhoods and prominently located? (ADP1/4)						
4.3	Where sports (or recreation) facilities are provided, are multiple facilities located in one place, to allow choice of activity? (ADP4)						
4.4	Has consideration been given to how facilities and open spaces are to be managed so to encourage a range of activities to allow all to take part, including activities for all genders, all ages and all cultures? (ADP1)						
4.5	Do the range of sport and physical activity opportunities to be provided specifically support the identified health and wellbeing issues in the local area[11]? (ADP1)						
4.6	Does the proposal promote the co-location and concentration of key retail,						

[10] For younger people's play facilities this suggests a distance of 400-480m, although a 800m distance is considered accessible for larger facilities including those for neighbourhood youth play / recreation areas

[11] Refer to relevant Health & Wellbeing strategies; Joint Strategic needs Assessment (JSNA 2022); district profiles

	community and associated uses? (ADP4)						
4.7	Have you considered how you will promote varied and innovative (active) initiatives for all groups when the development is delivered? This includes how to reach all members of society and how to target hard to reach groups. (ADP1)						
4.8	Are open spaces, sport / recreation facilities, workspaces (where provided) supported as appropriate by public conveniences, water fountains and, where appropriate, showers & changing facilities to further increase their appeal to all? These also need to be usable by all users (ADP1 & 7)						
4.9	Is safe and secure cycle parking provided for all types of cycles including adapted cycles and trikes[12]? (ADP 7)						
4.10	Is safe and secure pushchair storage provided where appropriate? (ADP 7)						
4.11	Will the facilities target the broadest possible range of users, with particular emphasis on disadvantaged groups? (ADP 9)						
4.12	Has the access strategy been designed to ensure safety for pedestrians, cyclists and drivers?						
4.13	Has a designing out-crime or secured by design standard been used?						
4.14	Have dementia and autism friendly design principles been used across the development?						

[12] This includes public spaces, facilities etc., as well as all types of homes

4.15	Is Wi-Fi provided in facilities and spaces? (ADP 7)						
4.16	Has a community engagement strategy been developed[13]? What contribution has the community had in developing this? Will a community development resource be provided (may be for larger sites only)?						
4.17	Will residents receive a welcome pack that describes community activities and support when they move in? This may also be used to provide sustainable travel information, such as that on local bus / train services						
4.18	How will technology and social media be used to publicise / promote activities or encourage activity? (ADP 10)						
4.19	Will local champions be identified to help ensure the sport and physical activity benefits of the development will be realised and how will the local champions be adequately supported? This role should also cover management, care & use and of wider GI (ADP 10)						
4.20	Have programs for monitoring and evaluating the success of initiatives (and the wider development) been considered? (ADP 9)						
4.21	Is the proposal designed to support and integrate with the wider existing community i.e. connectivity from outside of the proposal linking to new social / community infrastructure?						

[13] Refer to the relevant local planning authority's Statement of Community Involvement, which may provide guidance and principles for this

	Connectivity to / from the new proposal to outside the site?						
4.22	If yes to the previous questions, at what stage will pedestrian and cycling routes be provided and linked up?						
4.23	Has consideration been given to alternative stewardship models to provide for long-term, sustainable management and maintenance in perpetuity, other than local authority management of all assets, e.g. public realm, streets, SUDs and formal open green and blue space? (ADP 9)						

Access to healthier food environments

5	Criteria	yes/no	comment	impact	length of effect	impacted groups	mitigation proposed
5.1	Is there room in the kitchen (or utility area) space for a freezer?						
5.2	Do homes have a separate space for dining (to enable communal dining)?						
5.3	Does the development provide new or improve existing allotments, community shared growing spaces or provide for personal food growth[14]?						
5.4	Does the proposal include / enable on-site (or nearby) access to supermarkets, local shopping parades or precincts, farmers markets (or other means of access to healthy food and drink)? *See also 5.6 below*						
5.5	Does the above provision support safe and secure cycling parking?						

[14] This may take the form of domestic garden space if these are large enough to allow for home food cultivation. Community growing spaces could include community orchards, for example

5.6	Are the majority of these outlets within a comfortable 800m walking distance or within a 5km cycle ride?						
5.7	Does any on-site provision include new hot food take-away provision[15]?						
5.8	If yes, will the new hot food take-away provision be within 400m of schools or places that children and young people visit?						
5.9	What percentage of the total on-site food provision will be allocated to hot food take-aways uses? (Calculate by number of outlets)						
5.10	If no on-site food sales provision, does the proposal provide connective routes to existing provision and provide wayfinding to this (including in the new residents' welcome pack)?						
5.11	Do on-site [16]passenger transport options provide a link to healthy local food provision?						

Access to education, employment, skills and training

6	Criteria	yes/no	comment	impact	length of effect	impacted groups	mitigation proposed
6.1	Does the proposal include educational (or other learning) premises and have these been agreed with Essex County Council (or other LEA)?						
6.2	Has the Essex Design Guide Schools Design information been taken into account? Will the education / learning						

[15] This is likely to require particular attention within the HIA
[16] Or other nearby, accessible passenger transport facilities, such as bus stops just off site

	facilities include provision of green space(s)?						
6.3	Will the educational / learning premises have a car-free or car restricted and safely designed pedestrian zone around it?						
6.4	If no car-free (or car restricted) zone, what road safety and air quality measures are included in the proposal? This may include active travel routes, for example, or suitable public transport access nearby						
6.5	Does the proposal include employment or commercial space, or shared / communal workspace areas?						
6.6	Is an economic / employment strategy being developed as part of this proposal?						
6.7	Are educational / learning premises and employment centres well located in relation to surrounding walking and cycling routes, with direct access by these modes prioritised over access by vehicular modes? (ADP8)						
6.8	Has provision been made for safe / secure cycle storage, including spaces within buildings i.e. for workplaces have showers and changing facilities been provided?						
6.9	Have active travel routes to educational and key employment centres been connected to the development at the earliest phase so to reduce motorised travel need?						
6.10	Are there links to sustainable travel provision including public transport within a comfortable 5 minutes walking						

	distance to educational premises or employment sites?						
6.11	In educational premises and workplaces, is the use of stairs promoted (over the lift or escalators) utilising signage and creating spacious and clean stairwells that are welcoming? (This should be balanced with the need to ensure lifts etc. are easily accessible for those who cannot use the stairs) (ADP8)						
6.12	Have innovative design features within buildings and surroundings been utilised which encourage activity e.g. feature staircases, cycle access ramps or other architectural features? (ADP8)						
6.13	Does the public realm around sites encourage social interaction and address personal safety and comfort?						
6.14	Has the early years team at Essex County Council (or other responsible authority) been engaged with discussions on early years / childcare provision?						
6.15	If there is early years / childcare provision, is it within active travel distances to employment or educational sites[17]?						
6.16	Does the construction phase provide training, skills or employment opportunities to local people either directly or via supply chains?						

Access to healthcare infrastructure and self-care

[17] This is to enable convenient linked trips for parents or other child carers

7	Criteria	yes/no	comment	impact	length of effect	impacted groups	mitigation proposed
7.1	Has the relevant NHS estates group been contacted about this proposal? i.e. Integrated Care Partnership (ICS), or NHS etc. health partners						
7.2	Has the proposal considered the wider impact on local hospitals, primary care, community health services, dental and mental health services? Please state engagement and signpost to sources / outcomes						
7.3	Has pharmacy provision been considered using the most up-to date pharmaceutical needs assessment (PNA)[18]?						
7.4	Has the proposal considered the impacts on social care?[19] Please state engagement[20]						
7.5	Has the development considered access requirements / capacity of blue light services? Please state engagement						
7.6	Does the proposal have onsite health and care facilities?						
7.7	Have funding and land / premises for the above proposal(s) been agreed with the relevant health bodies?						
7.8	Is the onsite facility stand-alone or part of a hub complex?						
7.9	if an on-site facility is to be provided is that facility in the most accessible location (walking radius) and is it served by a bus route?						

[18] As at early 2023, this is provided by the PNA 2022-2025 (updated 2022)
[19] The ECC Adult Social Care Business Plan 2021-2025 may be referred to in this context
[20] Contact information (ECC ASC general contact)

7.10	Does the facility have capacity / flexibility for modular / incremental growth?						
7.11	If no on-site facility provided, has an assessment been made of the impact this proposal will have on existing GP and primary care provision? Please state sources used i.e. CCG direct information, NHS choices etc						

Environmental sustainability / addressing health impacts

8	Criteria	yes/no	comment	impact	length of effect	impacted groups	mitigation proposed
8.1	Has the proposal been designed to comply with the LPA's sustainability / climate change / net zero policies / SPD, criteria or checlklist?						
8.2	Has an environmental statement been prepared for this proposal that includes a chapter on population and human health[21]?						
8.3	If yes, were public health officer(s) part of scoping process?						
8.4	Has the local environmental health team been engaged with this proposal for elements related to human health and environmental protection (examples include air quality, noise, contaminated land etc)?						
8.5	Have homes been designed to minimise carbon release and energy use through passive design measures (such as natural ventilation and solar orientation), provision of renewable						

[21] Alternatively, a free-standing HIA could provide the equivalent information (in a different document format)

	energy sources and use of low carbon materials and technologies?						
8.6	Has social infrastructure such as community buildings, employment spaces, schools and/or healthcare buildings been designed to minimise carbon release and energy use through passive design measures (such as natural ventilation and solar orientation), provision of renewable energy sources and use of low carbon materials and technologies?						
8.7	Do homes and other buildings have measures to support cooling during periods of excess heat, prioritising natural measures[22] and avoiding mechanical cooling wherever possible (to minimise carbon release)?						
8.8	Do streets and open spaces provide areas of shade?						
8.9	Is the development designed to be resilient and adaptable to climate change? Explain how.						
8.10	Have air quality impacts of the development been assessed and avoidance / mitigation measures been detailed?						
8.11	Have water conservation measures been included for the proposal, including for homes?						
8.12	Have impacts of potential flooding been taken account for this scheme and has the LLFA[23] team, / Environment Agency had input into plans?						

[22] The potential to maximise the benefits of spaces such as roofs and walls in urban area i.e. green roofs and walls to aid cooling, shading, while benefiting biodiversity needs to be considered.
[23] LLFA – Lead Local Flood authority. These are upper tier local authorities, e.g. Essex County Council, Southend on Sea City Council, Thurrock Borough Council

8.13	Has renewable, clean energy infrastructure been built into the development to support travel such as electric car charging points?[24] Explain the approach to provision						
8.14	Are homes sited and orientated to mitigate noise intrusion to both inside and outside spaces in a way that maintains a high quality of local environment, public safety and design quality?						
8.15	Are educational / learning facilities sited and orientated to mitigate noise intrusion to both inside and outside spaces in a way that maintains a high quality of local environment, public safety and design quality?						
8.16	Does the proposal maintain or enhance biodiversity[25]?						

[24] Refer to current Building Regulations (for minimum provision requirements)
[25] This reflects the requirement for developments to deliver Biodiversity New Gain (BNG) and in recognition of the health and wellbeing benefits of connecting with nature